

Library and Resource Center
Department for the Blind and Vision Impaired
395 Azalea Avenue, Richmond, Virginia 23227
Toll Free 800-552-7015 ~ Voice 804-371-3661 ~ TDD 877-222-2234

Application for Service

(Print Clearly or Type)

Name:

Address:

City:

County:

State:

Zip:

Home Phone

Work Phone:

Birth Year:

Sex:

ALTERNATE CONTACT PERSON (in the event you can't be reached)

Name:

Phone:

Address:

According to §46.2-221 of the Code of Virginia, the Department for the Blind and Vision Impaired (DBVI) must report each year to the Department of Motor Vehicles (DMV) the names of all legally blind or visually handicapped persons known to DBVI. This information shall be used by DMV solely for the purpose of determining qualifications of these persons for licensure by under §46.2-311-312 to operate motor vehicles. In compliance with the Code of Virginia §2.1-377-386, Privacy Protection Act, DBVI shall not release information about you without your written consent except for purposes directly connected with DBVI service programs.

Residency or U.S. Citizenship: Eligible readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia; or, American citizens domiciled abroad.

Preference for service is given, by law, to veterans. Please check here if you have been honorably discharged from the armed forces of the United States.

Our audio books must be played on special equipment supplied by the National Library Service (NLS) and distributed by DBVI. This playback equipment and special attachments are supplied free to eligible persons on extended loan for as long as our services are used. If this equipment is not being used in conjunction with our services, it must be returned to the library.

Books Are Loaned For 30-Days
Descriptive Videos Are Loaned For One Week

Type Of Disability

(Read definitions and certification procedures carefully. Check only one)

- ☐ **Blindness** ~ Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- ☐ **Visual Handicap** ~ Inability to read standard printed materials without special aids and devices other than regular glasses.
- ☐ **Deaf/Blind** ~ Difficulty or inability to hear speech and read standard printed materials.
- ☐ **Physical Handicap** ~ Inability to read or use standard printed material due to physical limitations, e.g. paralysis, missing arms or hands, extreme weakness.

CERTIFICATION: NLS requires certification of blindness, visual handicap, or physical handicap, by doctors of medicine, osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, caseworkers, counselors, rehabilitation teachers, and superintendents.

In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress. Immediate relatives are not eligible to certify applicants and individuals may not certify themselves, regardless of their profession

I certify that _____ is unable to read or use standard print for the reason(s) indicated above.

Name: _____ Title/Occupation: _____

Address: _____ Phone: _____

Signature _____ Date _____

- ☐ **Reading Disability** ~ Organic dysfunction of sufficient severity as to prevent reading printed material in a normal manner.

CERTIFICATION: NLS requires certification of reading disability by a doctor of medicine or osteopathy who may consult with colleagues in associated fields. Relatives are not eligible to certify applicants and individuals may not certify themselves, regardless of their profession.

I certify that _____ is unable to read or use standard print for the reason(s) indicated above.

Name: _____ Title/Occupation: _____

Address: _____ Phone: _____

Signature _____ Date _____

Services Requested

- ☐ **Cassette** (books recorded on cassette tape; machine provided)
- ☐ **Large Print** (books produced in larger than standard print)
- ☐ **Braille** (books produced in raised dot format), i.e., Grade 2 braille
- ☐ **Descriptive Videos** (popular movies with described action) (VCR not included)

Special Attachments Requested

- ☐ **Amplifier** ~ for use with headphones for readers with profound hearing loss. A special application, signed by a physician or audiologist is required.
- ☐ **Breath Switch** ~ used to turn machine on and off, for persons with limited use of hands.
- ☐ **Extension Levers** ~ for persons with limited use of hands; standard cassette machines
- ☐ **Headphones** ~ solely for use where speakers are not permitted.
- ☐ **Pillow Speaker** ~ for readers confined to bed.
- ☐ **Remote Control Unit** ~ for persons confined to bed, or who have low mobility or greatly restricted use of hands and arms. Special application required.
- ☐ *Please check here if you would like information about playback machines for persons with limited mobility and/or dexterity or about a machine for persons with limited space.*

Other Publications

You will receive a bi-monthly publication, **Talking Book Topics** and/or **Braille Book Review**, which list available new titles. Please choose one preferred format:

- ☐ Large Print ☐ Cassette ☐ Braille

In which format would you like to receive the library newsletter?

- ☐ Large Print ☐ Cassette ☐ Braille

- ☐ *Check here if you would like to receive a list of magazines available in alternative format.*

Reading Preferences

Reading/listening level:

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> grades K-3 | <input type="checkbox"/> braille/print twin vision (K-3) | <input type="checkbox"/> grades 2-4 |
| <input type="checkbox"/> grades 5-7 | <input type="checkbox"/> young adult | <input type="checkbox"/> adult |

Content:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> no strong language | <input type="checkbox"/> no explicit sex | <input type="checkbox"/> no violence |
|---|--|--------------------------------------|

Only adult and young adult readers should complete the remainder of the application:

Check either A or B below:

A. ☐ I wish to receive only those titles I select from catalogs.

B. ☐ I will accept selections made for me using the subject areas listed below in addition to titles I select. **Check only ten areas below.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Health | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Sea Stories |
| <input type="checkbox"/> Bestsellers, Fiction | <input type="checkbox"/> History, U.S. | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Bestsellers, Nonfiction | <input type="checkbox"/> History, World | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Homemaking | <input type="checkbox"/> Science: Specify areas |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Humor | |
| <input type="checkbox"/> Business | <input type="checkbox"/> Movies & TV | |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Contemporary Novels | <input type="checkbox"/> Nature | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Occult, Horror | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Plays | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> General Fiction | <input type="checkbox"/> Poetry | <input type="checkbox"/> Other: specify |
| <input type="checkbox"/> General Nonfiction | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Romance | | |

If you wish to receive books in other language, list languages here:

Please fold, staple and drop in the mail.

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395 Azalea Avenue
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FREE MATTER for the Blind or Handicapped
E040 Domestic Mail Manual, Section 135

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